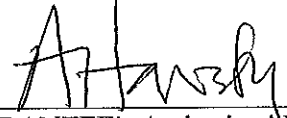


Grant Agreement with No Prepayments  
Page 17 of 17


SIGNATORIES TO THIS AGREEMENT

  
GRANTEE's Authorized Representative  
April Haverty, JD  
Director, Grants and Contracts

11/20/2015  
Date

Agency DUNS No. 

9	3	7	6	3	9	0	6	0
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GRANTOR's Authorized Representative  
Chuck J. Warzecha  
Administrator / Deputy Administrator, Division of Public Health  
Department of Health Services

12/10/15  
Date

**CARS PAYMENT INFORMATION**

The information below is used by the DHS's Bureau of Fiscal Services, CARS Unit to facilitate the processing and recording of payments made under this Agreement.

Agency Name: Medical College of Wisconsin

Grant Agreement #, if applicable: 30215

Total Grant Agreement Amount:  
\$845,849

Agency Number	Agency Type	Grant Agreement Period	Profile ID Number	Grant Agreement Amount	Program Name (abbreviate)	If applicable, add any additional Profile Notes
148197	690	10/1/15- 9/30/16	159354	\$845,849	PREP	
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
Grant Agreement Amount Total				\$845,849		

There will be no pre-payments issued with this contract.

Match Required: No    If Yes, Profile ID#    Amount: \$